Saskatchewan Health

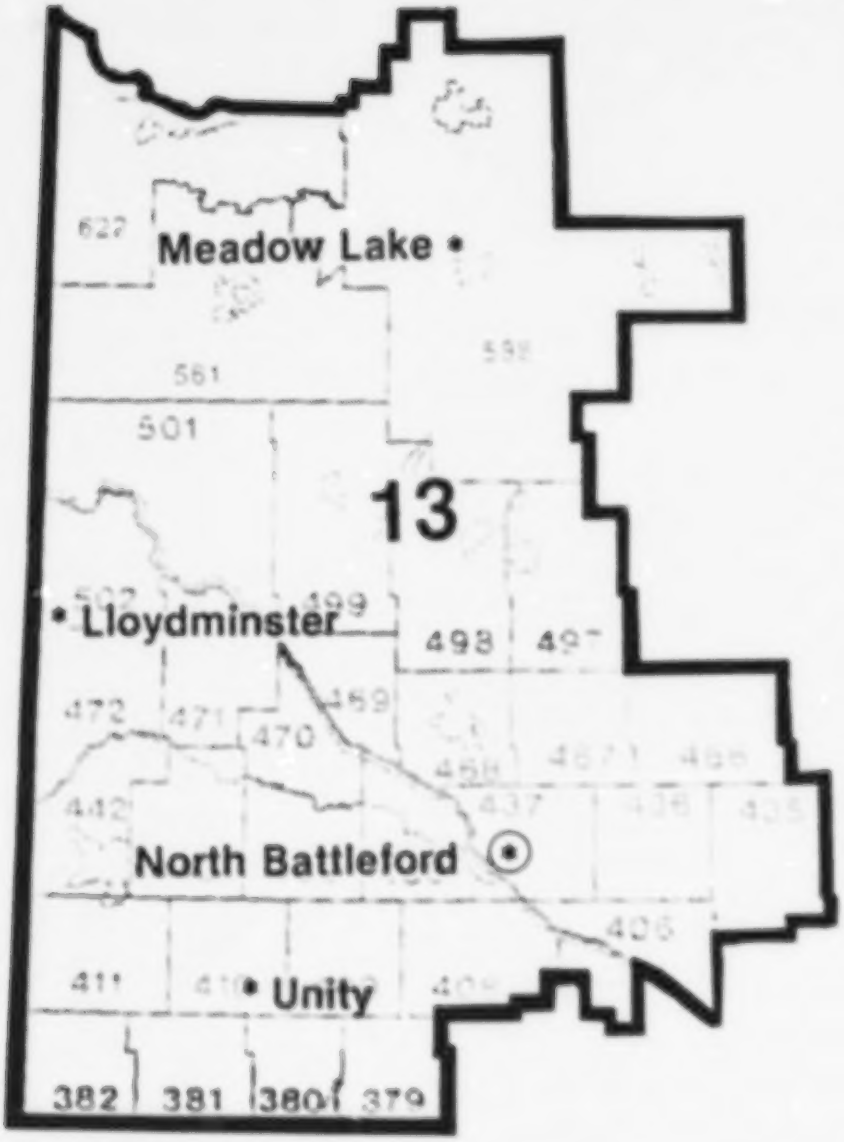
Community Health
Prevention Services
Branch

North Battleford Health Region # 13

Annual Review

1990 - 91

Saskatchewan



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PERSONNEL
(At March 31, 1991)

North Battleford

Dr. M. Reesal, Regional Director & Medical Health Officer
Gordon Terry, Director, Regional Support Services
Gwen Johnstone, Nursing Supervisor
Eleanor Ritchie, PHN II
Jean Leitner, PHN
Shelley Robinson, PHN
Cathy Gelech, PHN
Rhonda Patterson, PHN
Karen Cubbon, PHN
Evelyn Rothenburger, PHN
Donna Churko, PHN
Charlotte Hamilton, PHN
Sherry Robinson, PHN

Cheryl Turner, Speech-Language Pathologist
Shelly Hagen, Nutritionist
Pam Pierson, Dental Health Educator (on Education Leave)
Carla Pattinson, Senior Secretary
Yvonne Gratton, Clerk-Typist II
Sharon Kozak, Clerk-Typist II
Donna Bruynooghe, Clerk-Typist II
Doreen Pierce, Clerk-Typist II

John Johnson, Senior Public Health Inspector
Ken Startup, PHI
Richard Koroluk, PHI

Lloydminster

Joyce Rutherford, PHN
Kathy Bloch-Hansen, PHN
Donna Harris, PHN
Darlene Morgan, PHN
Denise Bouchard, PHN
Leanne Sauer, PHN

Leanne Sauer, PHN
Blair Choquette, PHI
Lynne Leard, Clerk-Typist II
Ronda Bakerink, Speech Language Pathologist

Meadow Lake

Irmgard Carbert, PHN
Roberta Prefontaine, PHN
Susan Mamer, PHN
Sheila Hart, PHN
Bernadette LeBoeuf, Dental Health Educator

Steven Deegan, PHI
Carolyn Vidal, Clerk-Typist II (on maternity leave)
Linda Stephenson, Clerk-Typist II

Unity

Carol Ryan, PHN
Kathy Johnson, PHN
Shirley Parkinson, PHN

Yvonne Wiesner, PHN
Victoria O'Donnell, Clerk-Typist II (on definite leave)
Margaret Uzelman, Clerk-Typist II

MUNICIPAL HEALTH REPRESENTATIVES, 1991

THE BATTLEFORDS HEALTH DISTRICT #1

Municipalities	Municipal Health Representatives
North Battleford	Glen Hornick, Box 732, North Battleford, S9A 2Y9 Dr. Mary McPhail, 500-11th Ave., N. Battleford, S9A 2S6 Donna Challis, 9038-16th Ave., N. Battleford, S9A 2T7 Tom Donahue, 1751 - 104th Street, N.Battleford, S9A 1P8 Len J. Quiring, 1681-92nd Street, N.Battleford, S9A 0B3 Wayne W. Ray, 1011-113th St., N.Battleford, S9A 2L9 Donald Salie, 1721-92nd Street, N. Battleford, S9A 0B5
Battleford (Town)	Joe Degenstein, Box 466, Battleford, S0M 0E0

NORTH BATTLEFORD RURAL HEALTH DISTRICT #2

Municipalities	Municipal Health Representatives
R.M.377, Glenside	Joan Rayner, R.R.#1, Battleford, S0M 0E0
R.M. 406, Mayfield	David Robert, Box 118, Radisson, S0K 3L0
-Denholm (Village)	Harry Moffatt, Denholm, S0M 0R0
-Maymont (Village)	Rodney Munn, Maymont, S0M 1T0
-Ruddell (Village)	Robert Jackson, Box 33, Ruddell, S0M 2S0
R.M. 408, Prairie	Roland Radchenko, R.R.#1, Battleford, S0M 0E0
R.M. 435,Redberry	Alan Tanchak, Box 160, Hafford, S0J 1A0
-Hafford (Village)	Sylvester Kohut, Hafford S0J 1A0
-Krydor (Village)	Gerald Kinch, Krydor, S0J 1K0
R.M. 436, Douglas	Ronald A. Tanchak, Box 964, Speers, S0M 2V0
-Richard (Village)	Rodger Pederson, Richard, S0M 2P0
-Speers (Village)	T.E. (Ted) Nicholson, Speers, Sask. S0M 2V0
R.M. 437, North Battleford	William J. Arsenault, R.R3, S9A 2X8
R.M. 438 Battle River	George Jackson, Box 458, Battleford, S0M 0E0
R.M. 439, Cut Knife	Betty Duncan, Rockhaven, S0M 2R0
-Cut Knife (Town)	Jack Rowswell, Box 563, Cut Knife, S0M 0N0
-Rockhaven (Village)	Don Rowat, Rockhaven, S0M 2R0
R.M. 440, Hillsdale (Half R.M.)	Harvey Ramsay, Neilburg, S0M 2C0

Municipalities	Municipal Health Representatives
R.M. 466, Meeting Lake	Ellen Scotton, Box 113, Mayfair, S0M 1S0
R.M. 467, Round Hill	Raymond Ewanchuk, R.R.#1, Mayfair, S0M 1S0
-Rabbit Lake (Village)	Ian McLennan, Box 9, Rabbit Lake, S0M 2L0
R.M. 468 Meota	Kenneth Tucker, R.R.#3, North Battleford, S9A 2X4
-Meota (Village)	Viola MacLeod, Box 86, Meota S0M 1X0
-Metinota (Village)	Richard Bunce, 1401-107th St., N. Battleford S9A 1Z8
R.M. 407, Medstead	Emil Larson, Medstead, S0M 1W0
-Medstead (Village)	Lillian Walker, Medstead S0M 1W0
R.M. 498, Parkdale	Robert E. Warwick, Box 431, Glaslyn, S0M 0Y0
-Glaslyn (Village)	Lloyd Dimond, Box 430, Glaslyn, S0M 2Y0

UNITY HEALTH DISTRICT #3

Municipalities	Municipal Health Representatives
R.M. 379, Reford	Murray Jensen, Box 690, Wilkie, S0K 4W0
-Landis (Village)	Dan Toner, Landis, S0K 2K0
R.M. 380, Tramping Lake	Frank F. Laturnus, Box 101, Tramping Lake, S0K 4H0
-Scott (Town)	John F. Fahl. Scott, S0K 4A0
R.M. 381, Grass Lake	Vern Schaab, Unity, S0K 4L0
-Salvador (Village)	Ruth Gerling, Box 65, Salvador, S0L 2W0
R.M. 382, Eye Hill	Norbert Leibel, Box 116, Denzil, S0L 0S0
-Macklin (Town)	Larry Stang, Box 204, Macklin, S0L 2C0
-Denzil (Village)	Ken Dewald, Denzil, S0L 0S0
-Evesham (Village)	Eunice Partington, Box 24, Evesham S0L 1B0
-Primate (Village)	Mary Ostrosky, Box 6, Primate S0L 2S0
R.M. 409, Buffalo	Diane Sander, Box 905, Wilkie, S0K 4W0
-Wilkie (Town)	Kae Campbell, Box 395, Wilkie, S0K 4W0
R.M. 410, Round Valley	Raymond DeBelser, Box 998, Unity, S0K 4L0
-Unity (Town)	Lee Wade, Box 113, Unity, S0K 4L0
-Adanac (Village)	Debbie Ralston, Box 161, Unity, S0K 4L0
R.M. 411, Senlac	Muriel Claughton, Box 1353, Unity, S0K 4L0
-Senlac (Village)	Eugene Girard, Senlac, S0L 2Y0

LLOYDMINSTER RURAL HEALTH DISTRICT #4

Municipalities	Municipal Health Representative
R.M. 440, Hillsdale (Half R.M.)	Garth Hollingshead, Neilburg, S0M 2C0
-Neilburg (Village)	Lyle Thom, Neilburg, S0M 2C0
R.M. 442, Manitou Lake	Neil Lamb, Neilburg, S0M 2C0
-Marsden (Village)	Jean Brannick, Marsden, S0M 1P0
R.M. 470, Paynton	S. Arthur Jones, Box 259, Paynton, S0M 2J0
-Paynton (Village)	Ronald Falcon, Box 54, Paynton, S0M 2J0
R.M. 471, Eldon	Vernon Smith, Maidstone, S0M 1M0
-Maidstone (Town)	Lawrence Meier, Box 270, Maidstone, S0M 1M0
-Waseca (Village)	Beverly Sommerfeld, Box 83, Waseca, S0M 3A0
R.M. 472, Wilton	Leona Beamish, Box 508, Lloydminster, S9V 0Y6
-Lashburn (Town)	Marilyn Donald, Box 171, Lashburn, S0M 1H0
-Marshall (Village)	Sylvia Broley, Marshall, S0M 1R0
R.M. 502, Britannia	James M. Oliver, R.R.#2, Lloydminster, S9V 0X7

TURTLEFORD HEALTH DISTRICT #5

Municipalities	Municipal Health Representatives
R.M. #469 Turtle River	Owen Jones, Vawn, S0M 0V0
-Edam (Village)	Clarence Hanson, Edam, S0M 0V0
-Vawn (Village)	Maurice Duhaime, Box 54, Vawn, S0M 2Z0
R.M. 499, Mervin	Annie Funk, Box 128, Spruce Lake, S0M 2W0
-Mervin (Village)	John T. Otteson, Box 44, Mervin, S0M 1Y0
-Turtleford (Town)	Frank Dopson, Box 95, Turtleford, S0M 2Y0
-Spruce Lake (Village)	No representative named
R.M. 501, Frenchman Butte	J. Baptiste Larre, Box 235, St. Walburg, S0M 2T0
-St. Walburg, (Town)	Josephine Prosser, Box 400, St. Walburg, S0M 2T0
-Paradise Hill (Village)	Albert Cholewa, Paradise Hill, S0M 2G0

MEADOW LAKE HEALTH DISTRICT #6

Municipalities	Municipal Health Representative
R.M. 561, Loon Lake	Alison Warner, Box 22, Makwa, S0M 1N0
-Loon Lake (Village)	Harry J. Kostuik, Loon Lake, S0M 1L0
-Makwa (Village)	Alcide Masson, Makwa, S0M 1N0
R.M. 588, Meadow Lake	Chester Olson, Box 156, Meadow Lake, S0M 1V0
-Meadow Lake (Town)	Doug Cook, Box 2386, Meadow Lake, S0M 1V0
R.M. 622, Beaver River	Siegfried Bansch, Goodsoil, S0M 1A0
-Goodsoil (Village)	Mary Slager, Goodsoil, S0M 1A0
-Green Lake (Northern Village)	Della McKay, Box 124, Green Lake, S0M 1B0
-Pierceland (Village)	Marlene Pikowicz, Pierceland, S0M 2K0

LLOYDMINSTER CITY HEALTH DISTRICT #7

Municipalities	Municipal Health Representative
Lloydminster (City)	Mayor P. Gulak, 4702-38th St., Lloydminster S9V 0B7
	D. Arthur, c/o 5011-49th Ave., Lloydminster S9V 0T8
	H. Flieger, 5635-46 St., Lloydminster, T9V 0E6
	B. Foster, c/o 5011-49 Ave., Lloydminster S9V 0T8
	C. MacKay, 5314-45 Street, Lloydminster S9V 0B7
	R. Starke, 2901-56 Ave., Lloydminster T9V 2B2
	Ald. Rooks, c/o 5011-49 Ave., Lloydminster S9V 0T8

MEDICAL HEALTH OFFICER'S REPORT

On behalf of the staff of the North Battleford Health Region, we are proud to record our accomplishments and pleased to present the annual report to the North Battleford Municipal Health Representatives.

Concern for the health of our communities is being expressed by individuals from many walks of life in Saskatchewan: those who speak for the family or community, those immediately concerned with the viability of their local industry, and those who control resources at several levels of our administration and Government. Ultimately, the responsibility for monitoring, advising and maintaining several essential components of Public Health rests mainly on the services offered by the Community Health Services Branch of Saskatchewan Health. The management, planning and directions facilitated by our Executive Director of this Branch, L. Jane Knox, made it possible for each member of the staff to respond admirably by personal commitment and dedication. Today, we wish to share with our community this feeling of significant and rewarding accomplishment and satisfaction.

To determine what has been done and what needs to be done, a review of annual statistics provides the basis for objective analysis. Each program head has summarized accomplishments in this way. Several new directions have been pursued, reflecting responses to changing environments, social and economic conditions. An essential part of this program is the review of morbidity and mortality statistics.

Out of a registered Saskatchewan (Sk.) population in mid-1990 of 1,029,352, although there were only 222 more females than males, 899 more male deaths occurred among the 9,953 deaths recorded by the Province as a whole.

Although this predominance in male deaths is observed within each age group, (Table 1A and 7) the principal cause varies from one age group to another. Thus among those less than fifteen, congenital anomalies and deaths during the perinatal period of life were responsible for 48 male deaths compared to 29 among females. 27 males compared to 17 under fifteen years of age died from accidents. Notice from Table 1A how the principal cause of accidental death shifts from "fires and flames" in the youngest age group to automobile accidents, suicide-homicide and finally "falls" among those over 75 in whom the sex difference is less apparent. The need is obvious for adopting different approaches for the prevention of death and disability at the different stages of life.

Consider the following in regard to automobile accidents.

- Seatbelt use reduces the chance of being ejected from a motor vehicle during a traffic accident

- Fatalities due to ejection were down by 24% in 1988 and 1989 compared to 1986. (Occupant restraint programs were introduced in Sk. in April 1988).

- In 1988 and 1989, 22 fatalities and 632 injuries have been prevented by increased restraint use compared to what would have occurred if restraint use had remained at 60%.

- An additional 26 fatalities and 619 injuries would have been prevented, had restraint use improved to 95%.

- Further effort is required for increasing the use of proper child restraint, back seat passengers, drivers of light trucks and vans.

- Principally among those who do not obey occupant restraint regulations are young drivers, male drivers, drinking drivers. (Sk. Highways and Transportation).

As the population ages, death from cancer, heart disease and respiratory disease become increasingly important causes of death. Cancer was responsible for the death of one in every four persons, 25%, of those who died in Sk. A similar trend was observed in the North Battleford Health Region (NBHR) where 24% of deaths were attributed to this disease. Bowel and respiratory tumors accounted for the majority of cancer deaths; it is noteworthy that cancers from most of these sites exceeded 8%, the expected contribution by this region based on its population of about 80,000. We are reminded of the strong adverse relationship between respiratory cancer and cigarette smoking; between bowel cancer and low roughage diets.

The relationship between disease and diet is emphasized by deaths from ischemic heart disease (IHD). 23% of deaths in Sk. were ascribed to IHD; NBHR contributed 7.8% of the total.

Respiratory diseases, the majority of which are directly linked with cigarette smoking comprised 17% of the total mortality observed in the Province. Emphysema, pulmonary heart disease and lung cancer take the greatest toll. Lung cancer in the NBHR (Table 3b) contributed 9.2% of the total, above the expected proportion for this region. In our region, about as many women died from cancer of the lung (12), as from cancer of the breast (11), undoubtedly a reflection of the extent of cigarette smoking among women. More than twice as many men (30), however, died from cancer of the lung, about equal (32) to the number who died from bowel cancer.

Another area in which cigarette smoking exerts important influences is on the weight and health of babies born of mothers who smoke. We do not have statistics on this influence and can therefore only study the relationship between maternal age and newborn-weight. This year in Sk., 29 births were recorded among children age 10 - 14. Four of the 29 (13.8%) were in the NBHR. 3.4% were underweight. In contrast, more mature teenagers gave birth to 1597

babies (6.1% of whom were below 2500 gms. in weight). 7.8% of babies born to mothers over 35 weighed less than 2500 gms.

16031 babies were born in Saskatchewan during 1990, of which 1316 (8.2%) were registered in the NBHR. This is a higher proportion than expected and reflects a greater level of fertility in the region. The higher impact of teenage pregnancies in this region is reflected in the 13.8% and 11.65% contributions in the 10-14 and 15-19 age groups, well above the 8% of the expected Sk. population.

Much attention needs to be given to the discouraging statistics that demonstrate wide geographic differences. Although in the NBHR, the young age group contributes a more than expected number of births, the infant death rate and perinatal death rates are among the highest in the Province. Rates of 11.4 and 9.82 contrast with the average Saskatchewan figures of 7.67 and 7.15. The Rosetown Health Region, in strong contrast shows figures of 3.53 and 3.52 which are among the lowest in the Province. How does it happen that the City of Saskatoon with 3323 births shows one of the lowest infant mortality rates of 3.31 and 3.9, when Northern Saskatchewan with 662 births maintains rates of 15.75 and 6.55? The North Battleford Health Region shares many of the relatively poor health statistics observed in Northern Saskatchewan. It is difficult to understand why there are such differences in IDR and PDR among regions in Saskatchewan. The three highest locations of IDR are Northern Saskatchewan (15.75), the City of Regina (11.4) and North Battleford (11.40); the three highest locations for PDR are Regina Rural (12.09), the City of Regina (10.83) and North Battleford (9.82). The City of Regina and North Battleford appear both among the top three PDR and IDR stats. There is an outstanding need to determine the causes which may be responsible for the differences observed in IDRs which vary from 1.18 in Yorkton and 7.14 in Melfort, regions which have approximately the same size of populations and ethnic mixes. If the PDR is a reasonable index of gestational competence, why is the PDR high for Regina Rural, the City of Regina and the North Battleford Region?

Communicable enteric diseases and sexually transmitted diseases are important problems in this Region. Several locations of Hepatitis A outbreaks were identified. Chlamydia and Giardia lamblia are the principle agents of STDs and enteric diseases. The number of children under age one who show evidence of multiple parasitic infection provide evidence of direct fecal-oral contamination and a dreadful lack of access by many of our people to clean potable water supplies.

Finally, let's take comfort in being able to stave off the spread of infectious diseases for which children have successfully been immunized against diphtheria, whooping cough, tetanus, poliomyelitis, haemophilus influenzae, measles, mumps, and German measles. Many adults are protected against influenza and rabies. With the exception of sporadic cases of whooping cough observed sporadically in this Region and more intensely in Lloydminster, we have to a large extent escaped the epidemic of this disease in Alberta. Diseases which many of us knew in our childhood are vanishing or have vanished

(smallpox). But newer ones poise on the horizon. I refer to AIDS and antibiotic resistant STDs. The response mounted by our Province in dealing with these threats is truly commendable; once more with a responsive community, our efforts seem to be working.

This is the first complete year in my office as Medical Health Officer and Regional Director for the North Battleford Health Region.

Keeping the public health and preventing disease has stretched beyond itr traditional boundaries into a new and exciting field of health promotion and in our Province, the CHSB works closely with the Health Promotion to develop seven specific areas: Alcohol and Drug Abuse; Communicable Diseases; Smoking; Stress; Nutrition; Physical Fitness, Accident Prevention. Engaging public interest goes beyond furnishing information, communities must be actively involved in the execution of health promotion programs. We know this can work because it has in our region by sharing this task with several non government organizations whose objectives are no different from ours.

The NBHR is not only one of the largest in population, (more than 80,000 plus 10,000) from the Province of Alberta (Lloydminster), it also requires taking responsibility for information which must flow into two sets of Government agencies. This is an unusual feature which reveals unexpected complexities at times, some of which became apparent during the pertussis outbreak in Lloydminster and the followup of Sexually Transmitted Contacts. I am indeed very grateful to several people both in Regina and Edmonton who have made my tasks easier by giving freely of their time, expertise and assistance. I mention in particular Dr. Greg Horsman, Dr. John Waters and Dr. Barbara Romanowski.

In each community when we have sought contact with health institutions, whether they were hospitals or nursing home units, Executive Directors and Chiefs of Nursing have been available and ready to assist. Opening doors to us made it possible to establish contacts that I believe resulted in the solution of many problems, especially rewarding for problems that do not recognize bureaucratic fences. The Battlefords Indian Health Centre, the Medical Services Branch (Federal), Thunderchild and Onion Lake Reserves felt free to approach us, and we them. The Home Care services, through the leadership provided by Mr. Vern McClelland has welcomed our interest in their work.

If we are to look forward to community based health care units in the future, we have a fertile ground for cooperation in thi= Region and I hope that we may have the opportunity to build on the spirit of this cooperation.

Acknowlegment: Special acknowledgement is made to Carla Pattinson, Senior Steno, for assembling these reports, preparing tables, typing the texts, and for completing the innumerable revisions.

TABLE 1A
PRINCIPAL CAUSES OF ACCIDENTAL DEATHS
ACCORDING TO AGES AND SEX: (1990 - SK)

	Males	Females	Principal Cause
<15	27	17	Fires, Flames and Poisonings
15-24	74	22	Traffic (49); Suicides (30)
25-44	124	35	Suicides (66); Traffic (46)
45-64	73	22	Traffic (27); Suicides(26)
65-74	42	12	Traffic (20); Suicides (14)
75+	68	50	Falls (66); Suicide (13)*
Total Suicides	119	28	
Total Transport	126	29	

*Exclusively male

TABLE 18

ACCIDENTS (1989 - SK): MORBIDITY, MORTALITY, COST

Personal Injury on All Road Systems	5,521
Fatal	
Automobiles	157
Bicyclists	4
Motorcyclists	3
Occupants of Farm Equipment	9
Pedestrians	15
Snowmobiles	3
Riding outside vehicle	1
Estimated Property Damage	$88,863,614

TABLES 1C
ACCIDENTS INVOLVING ALCOHOL
BY AGE AND BY DATE OF WEEK
AND BY TIME OF DAY

AGE	%
<21	27.1
21-25	20.8
26-35	26.0
>35	21.8
Unknown	4.4

DAY	%
Saturday	26.8
Sunday	19.9
Monday	4.5
Tuesday	6.7
Wednesday	8.7
Thursday	9.9
Friday	15.4

TIME OF DAY	A.M.	P.M.
1	6.3	1.3
2	7.9	1.1
3	11.8	1.9
4	6.5	1.9
5	5.0	2.7
6	3.6	3.4
7	2.2	3.4
8	1.7	4.1
9	1.2	4.1
10	1.1	4.8
11	0.6	5.7
12	0.8	6.7

Between 40-50% of automobile accidents involve alcohol; the highest risks are identified among males less than 21 years of age driving on Friday, Saturday and Sunday nights from 11:00 p.m. to 5:00 a.m.

TABLE 2

CANCER DEATHS BY
TYPE AND SEX FOR SK. AND NORTH BATTLEFORD

	Total Sk.	Sk. %	Total N.B.	N.B. %	% of N.B./Sk.
Mouth and Pharnyx	30	1.50	2	1.32	6.67
Bowel	580	29.99	53	35.10	9.14
Respiratory	459	22.94	42	27.81	9.15
Breast and Bone	222	11.09	13	8.61	5.86
Genito Urinary	347	17.34	23	15.23	6.63
Blood and lymph	191	9.54	9	5.96	4.71
Other unspecified	172	8.60	9	5.96	5.23
TOTAL	2001	100	252	100	Average: 6.77

*Since NB comprises about 8% of the registered total Sk. population, these proportions should approxmiate 8%

TABLE 3A

MORTALITY FROM ISCHEMIC HEART DISEASE, BY SEX, AGE
FOR SK. AND NORTH BATTLEFORD

Age	<24	25-44	45-64	65-74	75+	Total
Sk.	2	19	213	399	1186	1819
Sk:F/M	0/2	1/8	48/165	126/278	593/593	768/1051
%:F/Total	0	5.3	22.5	31.6	50	42.2
NB	0	0	12	32	98	142
NB:F/M	0	0	4/8	13/19	48/50	65/77
%:F/Total	0	0	33.3	40.6	49	45.8
					% NB/Sk	7.8

TABLE 3B
RELATION OF NB MORTALITY TO TOTAL (SK)
MORTALITY FOR CARDIOVASCULAR & RESPIRATORY DISEASE

Ischemic Heart Disease	7.8
Cerebrovascular Disease (Strokes)	7.6
Hypertensive Diseases	4.8
Pulmonary and Other Heart Disease	7.6
Lung Cancer	9.2
Other Diseases of Respiratory System	6.7

The incidence of lung cancer is disproportionately high.

TABLE 4
BIRTH PATTERNS IN SASK. AND N.B.(1990)
BY AGE AND BIRTH WEIGHT

	No.	%Total (Sk)	%<2500 gm	No.	%Total (NB)	%NB/Sk.
10-14	29	0.18	3.4	4	0.3	13.80
15-19	1597	9.96	6.1	186	14.13	11.65
20-24	3967	24.74	4.5	355	26.98	8.94
25-29	5995	37.40	4.4	478	36.32	7.99
30-34	3473	21.66	4.6	225	17.19	6.48
35-39	886	5.53	7.4	59	4.48	6.66
40-44	83	0.52	8.4	9	0.68	10.84
45-49	1	0.01	0	0	0	0
TOTAL	16031	100	4.8	1316	100	8.2

In the younger age groups (teen-age pregnancies are disproportionately higher than the Provincial average. The number of pregnancies among the 40-44 group is also higher than expected.

TABLE 5A
TOTAL NUMBER OF VITAL EVENTS OCCURING IN SASKATCHEWAN IN 1990 BY HEALTH REGION

HEALTH REGION	BIRTHS	DEATHS	INFANT DEATHS	NEONATAL DEATHS	PERINATAL DEATHS	STILL BIRTHS	INFANT DEATH RATE	PERINATAL DEATH RATE
TOTAL FOR PROVINCE	16031	7953	123	67	115	62	7.67	7.15
# 1 SWIFT CURRENT	516	402	4	2	4	2	7.75	7.72
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	865	616	7	5	4	1	8.09	4.62
# 3 WEYBURN-ESTEVAN	643	417	2	2	3	1	3.11	4.66
# 5 REGINA RURAL	904	603	8	5	11	6	8.85	12.09
# 7 ROSETOWN-BIGGAR-KINDERSLEY	567	341	2	1	2	1	3.53	3.52
# 8 SASKATOON RURAL	682	281	4	1	4	3	5.87	5.84
#10 YORKTON-MELVILLE	848	805	1	1	5	5	1.18	5.86
#11 MELFORT-TISDALE	840	700	6	3	7	5	7.14	8.28
#12 PRINCE ALBERT	1384	623	8	6	9	5	5.78	6.48
#13 NORTH BATTLEFORD	1316	621	15	6	13	8	11.40	9.82
CITY OF REGINA	3036	1137	38	25	33	12	12.52	10.83
CITY OF SASKATOON	3323	1179	11	5	13	10	3.31	3.90
NORTHERN SASKATCHEWAN	762	111	12	4	5	1	15.75	6.55
OUT OF PROVINCE	345	117	5	1	2	2	14.49	5.76

TABLE 5B
VITAL EVENTS - ETHNIC POPULATIONS

	Reg.* Ind	Total	%RI/T	IDR	PDR
1. Swift Current	208	45,586	0.46	7.75	7.72
2. Moose Jaw	47	66,315	0.07	8.09	4.62
3. Weyburn	1286	49,425	2.60	3.11	4.66
4. Regina Rural	13824	76,228	18	8.85	12.09
7. Rosetown	0	38,898	0	3.53	3.52
8. Saskatoon Rural	225	47,665	0.47	5.87	5.84
9. Yorkton	5425	78,549	6.91	1.18	5.86
10. Melfort	4558	69,858	6.52	7.14	8.28
12. Prince Albert	10362	80,278	12.91	5.78	6.48
13. North Battleford	11478	82,508	13.9	11.40	9.82
Regina City	0	178,792	0	12.52	10.83
Saskatoon	0	183,579	0	3.31	3.90
Northern Sask.	15414	31,572	48.67	15.75	6.55
TOTAL	62,827	1,029,352	6.10	7.67	7.15

Reg. Ind - Registered Indians
% RI/T - Percent registered Indians/Total Population
IDR - Infant Death Rate
PDR - Perinatal Death Rate

* These are "official" listings which do not indicate the number of Indians in the location. "0" for Regina and Saskatoon certainly do not mean that the population of Indians in these cities are 0, but that there are no reserves in the cities

TABLE 6
SEXUALLY TRANSMITTED DISEASE (1990-NB)

	N.B.	TOTAL (SK)
Genito-Urinary Gonorrhea	48	908
Non-gonoccal urethritis	6	245
Chlamydia	150	3214
Genital Herpes Type 1	1	106
Genital Herpes Type 2	6	311
TOTAL	211	4805

TABLE 7

NUMBER OF DEATHS BY CAUSE, AGE GROUP AND SEX
OCCURRING IN SASKATCHEWAN IN 1990

	TOTAL	ALL AGES		< 15		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES OF DEATH	7,953	4,426	3,527	111	86	86	27	228	103	695	397	1,001	615	2,305	2,299
02 TUBERCULOSIS	7	4	3	0	0	0	0	1	0	1	0	1	1	1	2
03 OTHER BACTERIAL DISEASES	26	14	12	0	0	0	0	1	1	2	1	3	1	8	9
04 VIRAL DISEASES	12	7	5	1	1	0	0	4	1	2	0	0	1	0	2
06 VENEREAL DISEASES	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0
07 OTHER INFECTIOUS,PARASITIC DISEASES	5	1	4	0	0	0	0	0	0	0	0	0	1	1	3
08 M N OF LIP,ORAL CAVITY,PHARYNX	30	21	9	0	0	0	1	1	1	10	3	3	2	7	2
09 M N OF DIGESTIVE ORGANS,PERITONEUM	580	314	266	0	0	1	0	4	5	67	57	93	60	149	144
10 M N OF RESPIRATORY & RELATED ORGANS	459	338	121	0	0	0	0	3	3	98	38	130	42	107	38
11 M N OF BONE,SKIN,BREAST	222	27	195	0	0	0	0	5	13	10	55	5	54	7	73
12 M.N. OF GENITOURINARY ORGANS	347	229	118	0	0	0	2	4	5	24	29	59	31	142	51
13 M N OF OTHER & UNSPECIFIED SITES	172	98	74	2	3	2	0	8	5	23	19	28	22	35	25
14 M N OF LYMPH & HAEMOPOIETIC TISSUE	191	112	79	2	1	1	0	4	2	28	14	25	38	52	24
15 BENIGN NEOPLASM	7	3	4	0	0	0	0	0	0	0	0	1	3	2	1
17 OTHER & UNSPECIFIED NEOPLASM	28	14	14	0	1	0	0	1	1	3	1	1	3	9	8
18 ENDOCRINE & METABOLIC DISEASES	196	98	98	0	1	0	0	2	4	11	10	23	13	62	70
19 NUTRITIONAL DEFICIENCIES	8	0	8	0	0	0	0	0	0	0	0	0	0	0	8
20 DIS OF BLOOD/FORMING ORGANS	25	15	10	0	1	0	0	0	1	1	0	2	2	12	6
21 MENTAL DISORDERS	78	42	36	0	0	0	0	5	0	6	3	6	2	25	31
22 DISEASES OF THE NERVOUS SYSTEM	196	105	91	4	3	3	0	9	7	11	11	13	15	65	55
25 RHEUMATIC FEVER/HEART DISEASE	64	25	39	0	0	0	0	2	1	4	3	9	8	10	27
26 HYPERTENSIVE DISEASE	62	32	30	0	0	0	0	0	0	5	1	4	3	23	26
27 ISCHAEMIC HEART DISEASE	1,819	1,051	768	0	0	2	0	18	1	165	48	273	126	593	593
28 PULMONARY & OTHER HEART DISEASE	563	280	283	2	3	1	1	8	5	30	18	67	35	172	221
29 CEREBROVASCULAR DISEASE	688	305	383	0	0	0	1	10	4	29	18	48	52	218	308
30 OTHER DISEASES OF CIRCULATORY SYSTEM	214	124	90	0	0	0	0	3	0	7	7	32	10	82	73
31 DISEASES OF UPPER RESPIRATORY TRACT	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
32 OTHER DISEASES OF RESPIRATORY SYSTEM	764	457	307	6	8	1	0	4	1	36	12	91	34	319	252
34 OTHER PARTS OF DIGESTIVE SYSTEM	286	143	143	3	5	0	0	3	5	33	16	32	33	72	84
35 DISEASES OF URINARY SYSTEM	123	62	61	1	1	0	0	1	0	12	3	6	4	42	53
36 DISEASES OF MALE GENITAL ORGANS	4	4	0	0	0	0	0	0	0	1	0	0	0	3	0
37 DISEASES OF FEMALE GENITAL ORGANS	3	0	3	0	0	0	0	0	0	0	1	0	0	0	2
39 DIRECT OBSTETRIC CAUSES	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0
42 DISEASES OF SKIN	2	0	2	0	0	0	0	0	0	0	1	0	0	0	1
43 MUSCULOSKELETAL & CONNECTIVE TISSUE	35	12	23	0	0	1	0	0	0	1	1	3	6	7	16
44 CONGENITAL ANOMALIES	46	25	21	22	16	0	0	2	1	0	2	1	1	0	1
45 CONDITIONS IN PERINATAL PERIOD	38	26	12	26	12	0	0	0	0	0	0	0	0	0	0
46 SYMPTOMS & ILL-DEFINED CONDITIONS	84	29	55	15	13	0	0	0	0	2	3	0	0	12	39
E47 TRANSPORT ACCIDENTS	165	126	39	8	4	35	14	39	7	21	7	18	2	5	5
E48 ACCIDENTAL POISONING	14	8	6	1	0	0	0	4	2	2	3	1	0	0	1
E49 MISADVENTURES DURING MEDICAL CARE	14	9	5	0	0	0	0	0	0	2	0	1	1	6	4
E50 ACCIDENTAL FALLS	85	48	37	1	0	1	0	1	1	6	1	4	4	35	31
E51 ACCIDENTS CAUSED BY FIRES & FLAMES	21	14	7	6	6	2	1	3	0	1	0	0	0	2	0
E52 OTHER ACCIDENTS,LATE EFFECTS	75	56	19	8	3	6	1	15	2	14	2	7	2	6	9
E54 SUICIDE AND SELF-INFLICTED INJURY	147	119	28	0	1	24	6	49	16	23	4	10	1	13	0
E55 HOMICIDE & INTENTIONAL INJURY	29	18	11	2	1	4	0	8	5	3	4	1	1	0	0
E56 OTHER VIOLENCE	16	10	6	1	2	2	0	5	2	1	1	0	1	1	0

TABLE 8

NUMBER OF DEATHS BY CAUSE, AGE GROUP AND SEX
OCCURRING IN SASKATCHEWAN IN 1990
FOR HEALTH REGION #13 NORTH BATTLEFORD

	TOTAL	ALL AGES		< 15		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES OF DEATH	621	345	276	12	17	6	2	13	13	52	20	72	38	190	186
03 OTHER BACTERIAL DISEASES	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
04 VIRAL DISEASES	2	0	2	0	1	0	0	0	0	0	0	0	0	0	1
08 M N OF LIP,ORAL CAVITY,PHARYNX	2	2	0	0	0	0	0	1	0	0	0	0	0	1	0
09 M N OF DIGESTIVE ORGANS,PERITONEUM	53	32	21	0	0	0	0	0	1	9	1	9	4	14	15
10 M N OF RESPIRATORY & RELATED ORGANS	42	30	12	0	0	0	0	0	0	8	2	14	4	8	6
11 M N OF BONE,SKIN,BREAST	13	2	11	0	0	0	0	0	0	1	2	1	2	0	7
12 M.N. OF GENITOURINARY ORGANS	23	19	4	0	0	0	0	0	1	1	0	5	1	13	2
13 M N OF OTHER & UNSPECIFIED SITES	9	3	6	0	1	0	0	0	0	0	0	1	3	2	2
14 M N OF LYMPH & HAEMOPOIETIC TISSUE	9	5	4	1	0	0	0	0	0	2	0	1	1	1	3
17 OTHER & UNSPECIFIED NEOPLASM	3	2	1	0	0	0	0	0	0	0	0	1	1	1	0
18 ENDOCRINE & METABOLIC DISEASES	10	4	6	0	0	0	0	0	2	0	0	1	1	3	3
20 DIS OF BLOOD/FORMING ORGANS	2	0	2	0	0	0	0	0	0	0	0	0	1	0	1
21 MENTAL DISORDERS	7	3	4	0	0	0	0	0	0	0	0	1	0	2	4
22 DISEASES OF THE NERVOUS SYSTEM	9	3	6	0	0	0	0	0	1	1	1	1	1	1	3
25 RHEUMATIC FEVER/HEART DISEASE	4	1	3	0	0	0	0	0	1	1	0	0	0	0	2
26 HYPERTENSIVE DISEASE	3	1	2	0	0	0	0	0	0	0	0	0	0	1	2
27 ISCHAEMIC HEART DISEASE	142	77	65	0	0	0	0	0	0	8	4	19	13	50	48
28 PULMONARY & OTHER HEART DISEASE	43	20	23	0	0	0	0	0	0	1	3	5	1	14	19
29 CEREBROVASCULAR DISEASE	52	29	23	0	0	0	0	2	0	2	0	3	4	22	19
30 OTHER DISEASES OF CIRCULATORY SYSTEM	15	9	6	0	0	0	0	0	0	0	1	0	0	9	5
32 OTHER DISEASES OF RESPIRATORY SYSTEM	51	36	15	1	0	0	0	1	0	1	0	2	1	31	14
34 OTHER PARTS OF DIGESTIVE SYSTEM	34	19	15	2	2	0	0	1	3	5	1	4	0	7	9
35 DISEASES OF URINARY SYSTEM	16	5	11	0	0	0	0	0	0	2	0	0	0	3	11
37 DISEASES OF FEMALE GENITAL ORGANS	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0
42 DISEASES OF SKIN	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
43 MUSCULOSKELETAL & CONNECTIVE TISSUE	2	0	2	0	0	0	0	0	0	0	0	0	0	0	2
44 CONGENITAL ANOMALIES	3	1	2	0	1	0	0	0	0	0	1	1	0	0	0
45 CONDITIONS IN PERINATAL PERIOD	6	2	4	2	4	0	0	0	0	0	0	0	0	0	0
46 SYMPTOMS & ILL-DEFINED CONDITIONS	12	2	10	0	5	0	0	0	0	0	1	0	0	2	4
E47 TRANSPORT ACCIDENTS	19	15	4	1	0	3	2	4	1	6	1	1	0	0	0
E48 ACCIDENTAL POISONING	2	1	1	1	0	0	0	0	1	0	0	0	0	0	0
E49 MISADVENTURES DURING MEDICAL CARE	2	1	1	0	0	0	0	0	0	0	0	0	0	1	1
E50 ACCIDENTAL FALLS	9	8	1	1	0	0	0	0	0	2	0	1	0	4	1
E51 ACCIDENTS CAUSED BY FIRES & FLAMES	4	3	1	2	1	1	0	0	0	0	0	0	0	0	0
E52 OTHER ACCIDENTS,LATE EFFECTS	4	3	1	0	1	0	0	1	0	2	0	0	0	0	0
E54 SUICIDE AND SELF-INFLICTED INJURY	6	5	1	0	0	2	0	2	1	0	0	1	0	0	0
E55 HOMICIDE & INTENTIONAL INJURY	2	1	1	0	0	0	0	1	1	0	0	0	0	0	0
E56 OTHER VIOLENCE	3	1	2	1	1	0	0	0	0	0	1	0	0	0	0

TABLE 9

NUMBER OF BIRTHS
OCCURRING IN SASKATCHEWAN IN 1990
BY MOTHER'S AGE, MARITAL STATUS AND BIRTH WEIGHT

		<2500 GRAMS	2500+ GRAMS	TOTAL	PERCENT <2500
TOTAL	TOTAL	770	15261	16031	4.8
	MARRIED	496	11033	11529	4.3
	OTHER	274	4228	4502	6.1
10-14	TOTAL	1	28	29	3.4
	OTHER	1	28	29	3.4
15-19	TOTAL	98	1499	1597	6.1
	MARRIED	9	182	191	4.7
	OTHER	89	1317	1406	6.3
20-24	TOTAL	178	3789	3967	4.5
	MARRIED	88	2167	2255	3.9
	OTHER	90	1622	1712	5.3
25-29	TOTAL	261	5734	5995	4.4
	MARRIED	215	4895	5110	4.2
	OTHER	46	839	885	5.2
30-34	TOTAL	159	3314	3473	4.6
	MARRIED	124	2998	3122	4.0
	OTHER	35	316	351	10.0
35-39	TOTAL	66	820	886	7.4
	MARRIED	56	720	776	7.2
	OTHER	10	100	110	9.1
40-44	TOTAL	7	76	83	8.4
	MARRIED	4	70	74	5.4
	OTHER	3	6	9	33.3
45-49	TOTAL	0	1	1	0.0
	MARRIED	0	1	1	0.0

TABLE 10

NUMBER OF BIRTHS OCCURRING IN SASKATCHEWAN IN 1990
BY MOTHER'S AGE, MARITAL STATUS AND HEALTH REGION

		TOTAL	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+
TOTAL FOR PROVINCE	TOTAL	16031	29	1597	3967	5995	3473	886	83	1
	MARRIED	11529		191	2255	5110	3122	776	74	1
	OTHER	4502	29	1406	1712	885	351	110	9	
# 1 SWIFT CURRENT	TOTAL	516	1	35	110	216	125	25	4	
	MARRIED	450		11	93	202	117	23	4	
	OTHER	66	1	24	17	14	8	2		
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	TOTAL	865		71	227	354	170	42	1	
	MARRIED	693		15	161	320	160	36	1	
	OTHER	172		56	66	34	10	6		
# 3 WEYBURN-ESTEVAN	TOTAL	643	1	53	173	260	128	27	1	
	MARRIED	514		9	127	238	116	23	1	
	OTHER	129	1	44	46	22	12	4		
# 5 REGINA RURAL	TOTAL	904	2	88	234	347	179	49	5	
	MARRIED	670		12	140	309	160	45	4	
	OTHER	234	2	76	94	38	19	4	1	
# 7 ROSETOWN-BIGGAR-KINDERSLEY	TOTAL	567		21	120	242	149	30	5	
	MARRIED	504		5	95	227	142	30	5	
	OTHER	63		16	25	15	7			
# 8 SASKATOON RURAL	TOTAL	682		28	135	275	187	55	2	
	MARRIED	624		7	117	261	182	55	2	
	OTHER	58		21	18	14	5			
#10 YORKTON-MELVILLE	TOTAL	848	1	74	215	341	168	44	5	
	MARRIED	678		14	145	317	155	42	5	
	OTHER	170	1	60	70	24	13	2		
#11 MELFORT-TISDALE	TOTAL	840	3	81	237	279	194	41	5	
	MARRIED	672		19	166	256	187	40	4	
	OTHER	168	3	62	71	23	7	1	1	
#12 PRINCE ALBERT	TOTAL	1384	1	193	407	463	240	71	8	1
	MARRIED	849		16	210	359	204	51	8	1
	OTHER	535	1	177	197	104	36	20		
#13 NORTH BATTLEFORD	TOTAL	1316	4	186	355	478	225	59	9	
	MARRIED	806		17	176	365	187	53	8	
	OTHER	510	4	169	179	113	38	6	1	
CITY OF REGINA	TOTAL	3036	3	301	709	1158	692	157	16	
	MARRIED	2091		19	337	961	623	136	15	
	OTHER	945	3	282	372	197	69	21	1	
CITY OF SASKATOON	TOTAL	3323	5	273	683	1237	862	247	16	
	MARRIED	2447		27	369	1057	773	208	13	
	OTHER	876	5	246	314	180	89	39	3	
NORTHERN SASKATCHEWAN	TOTAL	762	7	168	276	195	90	24	2	
	MARRIED	275		14	69	112	60	19	1	
	OTHER	487	7	154	207	83	30	5	1	

PUBLIC HEALTH NURSING SERVICES

The nursing staff have completed another year of record contributions to preventive health services throughout the Region. Our focus is on health promotion and disease prevention activities, assisting individuals and families to make choices that promote health and well-being.

We were very pleased to receive an additional nursing position allocated to this Region. This will allow us to increase the level of service and deal more effectively with additional programming requirements.

This Region, along with Regina Rural, was selected to pilot a "computerized immunization record" project. Since nurses are less familiar with computers than others, we are currently attempting to develop the skills required to improve in computer competence before the project. We are excited at the prospect of increasing the efficiency and usefulness of our health record system and anticipate many advantages to a computerized system.

The Regional Nursing Supervisor has been participating in the development of new public health legislation for the Province. Although requiring a significant time commitment, it has been a most interesting and challenging endeavour. We are attempting to develop legislation that will lead us into the twenty-first century as appropriately as our current legislation has served us through the twentieth century.

In response to requests from several communities, nurses have provided parenting programs based on the program "How To Talk So Kids Will Listen and Listen So Kids Will Talk". Parents appreciate this support in dealing with the sometimes difficult task of parenting in today's society. We are also participating in the delivery of the "Nobody's Perfect" parenting program. This program, developed by Health and Welfare Canada, has been introduced throughout much of Canada, Saskatchewan now participating under the auspices of the Saskatchewan Institute for Prevention of Handicaps. Four of our nurses have been trained as facilitators for the program. We have offered two series of classes and clients report positively on the support the program provides. Local funding of resources for delivery of the program is necessary; this has required considerable time to organize.

A Post-Partum Parent Support Program has been introduced throughout the province this year. Hospitals with five or more births per year have been invited to participate. This is an attempt to better coordinate the health education to parents of newborns provided by all health care providers.

A group of post-partum moms in Lloydminster expressed their need for a postpartum adjustment support group. Public Health Nurse, K. Bloch-Hansen, has been able to coordinate the establishment of such and to provide some initial ongoing leadership.

We have continued to extend prenatal support services to pregnant teens, this year enrolling 35 clients, a significant increase from last year's 12. PHN II, E. Ritchie, collaborated with the Teen Parent Social Worker in North Battleford in offering prenatal group support classes for some of these clients. We hope more group teaching will evolve over time as significant support can be derived from this.

A statistical review was conducted throughout 1990 on our Vision Screening Program (4,6,9 year olds). Provincial compilation of these statistics will enable the Committee on Vision Screening to make some evaluative judgements on the effectiveness of our current vision screening practices.

Based on our evaluation of developmental screening of preschoolers, it was decided to discontinue the use of the Denver Developmental Screening Tool (DDST) effective January 1, 1991. Public Health Nurses are currently using their clinical assessment skills in evaluating infant and preschool development. Further investigation is being done to locate or develop an alternative screening tool/test.

As have many other Public Health jurisdictions across Canada, Prevention Services Branch will adopt a totally educative approach to the management of pediculosis (head lice) effective September 1991. It is clear that the mass screening of children's heads has not been effective in controlling the spread. By increasing the knowledge of children, parents, and teachers, and making parents more responsible for regular surveillance, we hope to bring the problems under better control and to decrease the negative social stigma attached to having head lice.

There have been outbreaks of various communicable diseases throughout the year. Tuberculosis occurs with regularity; we have worked closely with the Saskatoon T.B. Clinic in management of cases and contacts. Numerous cases of pertussis (whooping cough) have occurred; these investigations have required a large component of nursing time.

We appreciate the speedy reporting by physicians in the Region of sexually transmitted diseases; this enables us to do prompt contact investigation which hopefully will reduce the spread of STDs.

On occasion we have to relocate child Health Conferences (Well Baby Clinics) to alternate facilities. We appreciate the support of local community agencies and groups in facilitating this. There is concern in the Branch about the inadequacy of many of our CHC sites and we are working to overcome these deficiencies.

The problem of inadequate facilities/space in our Meadow Lake office is being addressed. We hope to be housed in renovated offices in the near future. This will greatly enhance our ability to provide a better service to the public.

As in previous years, we were pleased to assist in student learning experiences both for nursing students (Indian Diploma, BSN and Masters students) as well as non-nursing (Social Work).

In order to remain current in the practice of our profession, public health nurses participated in several learning opportunities throughout the year, courses, workshops, local inservices, and various reading materials. As technology and the world changes with increasingly rapid speed, it is necessary for us to make every effort to "keep up" as it relates to community health nursing practice. In addition to learning opportunities provided by the agency, many nurses, have pursued opportunities on their own time and expense which contribute to their practice of nursing.

To provide the services which best meet the health needs or our clients and communities, we have worked hand in hand with many different agencies and groups. We appreciate the opportunity to give support and receive support as we carry out our day to day activities.

We have again encountered many staffing changes throughout the year. There were difficulties in recruiting in Lloydminster both for permanent and casual staff. The coverage provided by existing staff during vacancies is to be commended.

The nursing staff have carried out their responsibilities with vision, imagination, enthusiasm, and commitment.

We would like to convey our appreciation for the excellent spirit of teamwork and the support of co-workers in the Region. -- Dr. Reesal has provided us with guidance and direction above and beyond the call of duty. -- The clerical staff work untiringly on our behalf, often providing the "glue" that keeps our efforts tied together -- seeing our communities become "healthier communities" makes it all worthwhile.

Gwen Johnstone
Regional Nursing Supervisor

SELECTED NURSING STATISTICS

	1988-89	1989-90	1990-91
NURSING DAYS:	3589	3896	4014
CHILD HEALTH CONFERENCES:			
Appointments available	12802	12317	12047
Appointments scheduled	10564	10436	10129
Appointments seen	9128	8910	8661
Visits		1076	1258
Total Attendance (Appointments and Visits)			
Infants	4257	4198	4244
Preschool	6164	5783	6748
Immunizations:			
4th Dose DPT, DT, DPTP		1188 (82.27%)	1204 (73%)
MMR		1263 (91.5%)	1298 (79%)
Hib		1031 (70%)	1154 (70%)
PRENATAL CLASSES:			
Total	264	172	188
Attendance: prenatals	598	405	361
coaches	535	365	343
Group Education Re: Prenatal			
# of Classes		9	15
Attendance		65	154
HOME VISITS:			
Total	2120	2122	2262
Prenatal	91	94	137
Postnatal	798	814	792
Adults (over 65)	303	322	334
(under 65)	603	604	567
Communicable Disease:			
TB	22	3	35
STD	8	15	15
Other	121	83	58
SAIL Total	319	317	332
Repiratory	196	236	259
OTHER (NON HOME VISIT) CONTACTS			
Total	4341	4827	5114
Communicable Disease:			
TB	67	25	336
STD	29	40	21
Other	393	373	483
SAIL Respiratory	188	186	217
Other Equipment	102	156	118

	1988-89	1989-90	1990-91
OFFICIAL VISITS:	1783	2010	2147
GROUP EDUCATION: (Includes health education programs in schools)			
Presentations	110	199	198
Attendance	1746	3755	3492
SCHOOL SERVICES:			
Teacher-Nurse Conferences	1154	1379	1294
Students seen	7167	7093	2136
Hearing Screening		1124	1225
# Referred		69	67
Vision Screening		4881	3011
# Referred		477	308

SENIOR PUBLIC HEALTH INSPECTOR'S REPORT

STAFFING. We began the fiscal year with a full staff of five field inspectors and the Senior Public Health Inspector. Two inspectors resigned; Kathy Moore in June to move to Edmonton, and Darlene Meeds in August to move to B.C. One position was lost; wrong terminology - the position was "transferred" to Moose Jaw and filled there. We were fortunate to obtain a replacement for the other position. With four public health inspectors in the field, every inspector serves more than 22,000 people. During the summer with a large influx of tourists in the region, this relationship is more severely affected. An accepted ratio in many health units is one public health inspector to 15,000 population.

COMMUNITY HEALTH EDUCATION. This will continue to be an essential service. The National Sanitation Training Program for food service workers was presented on 11 occasions; one of these was for the Chinese community, where we had a Cantonese interpreter. We also made a number of short food service presentations to personal development workers and other adult education classes.

The Level I Swimming Pool Program was presented in Lloydminster and North Battleford. A total of 26 persons attended. Ken Startup also participated in a Level II Training Program in Saskatoon. The Level II is a more indepth program for swimming pool supervisory personnel.

HOUSING. Dwellings are inspected at the request of council or as a result of complaints by tenants. Housing which is found to be structurally poor or in an unsanitary condition is placarded indicating that "The premises are declared unsanitary and unfit for occupation." The owner of the property receives a letter from the Medical Health Officer detailing the deficiencies. In most instances the buildings are vacant; however; on one occasion last year, we found it necessary to issue an eviction notice ordering a woman and four children from a property. Alternate housing had already been arranged for by the Department of Social Services.

In the past year, 15 dwellings and 20 units of a motel, which had been converted to apartments as well as one unit of a six unit apartment building, were placarded.

Housing is often cleaned up, repaired and occasionally demolished. We have reports of five placarded dwellings being demolished in the past year. No action has yet been taken on the 20 motel-apartment units which were placarded.

As a footnote to housing, I wish to point out that the Medical Health Officer's powers under the Public Health Act is limited to placarding of the premises. The local municipal authority have the powers to order demolition or repair of the placarded dwellings.

COMPLAINT INVESTIGATIONS. Complaints were many and varied. Food complaints are the most common relating to restaurants or foods or meats purchased elsewhere. One town experienced a minor rat problem which was investigated and corrected by town officials. Insect investigations involved among other things bed bugs in two apartment buildings. Both buildings were treated by an exterminator. Sewage disposal complaints ranged from a collapsed holding tank to improper disposal of sewage. Swimming pool complaints involved the closing of a swimming pool for four days and other pools were closed on occasion due to cloudy water. Other complaints involved air quality, garbage, pigeons, and a pile of rotting grain on a railway right of way. Complaints are investigated and the conditions are generally resolved with very little fuss or publicity.

In closing I would like to offer my thanks to the clerical staff for the valuable assistance which they have provided to the inspectors throughout the year. I wish to take this opportunity as well to commend the public health inspectors in the region for their dedication and perseverance in providing a high level of service in spite of a 20% cutback in numbers. They continue to surprise me with their willingness to accept new challenges and continue to offer a high level of service to the general public.

Respectfully submitted

J. R. Johnson
Senior Public Health Inspector

NUTRITIONIST'S REPORT

A major responsibility of the nutritionist is to assess the nutritional needs of the health region and to plan and implement nutrition programs for community groups, professionals and the public. During the past year, requests for information about fat and cholesterol remained high along with an increased demand for food budgeting resources. A summary of the nutritionist's activities and progress is presented:

1. Consumers are demanding more and more nutrition information. To help families make healthy food choices while grocery shopping, the nutritionist worked closely with various grocery store managers to organize "Eat Smart" grocery store tours. During these aisle by aisle nutrition education sessions, participants develop skills in label reading and making heart healthy food choices. The tours have captured considerable media attention thus generating request for tours in various areas of the health region. These requests will be accommodated in the upcoming year.

2. Nutritional support of the mother and child is a primary focus of nutrition services. Several nutrition prenatal classes were demonstrated for public health nurses over the past year. In addition, a new program - The Prenatal Lifestyle Assessment Program was implemented in this health region in June. The purpose of this program is to identify pregnant women who may be at nutritional risk for poor pregnancy outcome and could benefit from a complete nutrition assessment and individualized counselling from a dietitian/nutritionist. This program will be reviewed by the public health nurses and nutritionist in the upcoming year.

3. The nutritionist works closely with the media to provide nutrition information to large numbers of individuals. Beginning in January, weekly nutrition columns were distributed to eleven regional newspapers. Prior to this only two columns were sent per month which greatly limited contact with many of the rural areas. A thirty minute television show, entitled "Nutrition Forum" is taped once per month and aired on the North Battleford Telecable channel. Topics to date include - "The Cost of Convenience", "Dietmania", "Grocery Store Shopping" and "High Fibre Cooking". Response to the program has been very positive. Next year the nutritionist hopes to expand the program to involve other members of the health region team such as public health inspectors and public health nurses.

4. Requests for diet and heart health information remain steady. A number of "Eat Smart for Your Heart" workshops were conducted in various locations throughout the health region. During these workshops participants develop new skills in several areas including food purchasing and preparation, recipe modification and label reading.

5. The nutritionist was part of a provincial working committee which sought to assemble a variety of nutrition education resources for clients on limited income. Several community program planners such as adult upgrading instructors, Job Re-Entry program co-ordinators and Nobody's Perfect Parent

Program facilitators have requested budgeting workshops for group participants. It is expected this issue will continue to be a main focus area in the upcoming year.

6. The public health nutritionist is actively working with other members of Early Childhood Team to develop and distribute a needs assessment questionnaire to licensed and private day care operators, play school leaders and foster parents in this health region. Specifically the team's objective is to determine what informational topics these individuals are interested in, preferred format for delivery of delivery and location preferences. Based on the survey results, the early childhood team hopes to facilitate a regional child care workshop in the future.

7. Future plans for the nutritionist include: promotion of teacher education workshops to school principals and superintendents; establishment of nutrition newsletter for public health nurses and formation of Breastfeeding Support Committee in the North Battleford area.

In conclusion, I would like to take this opportunity to express my appreciation to the support staff and my colleagues for their assistance and continued co-operation during the past year. I look forward to a new year of challenge and change.

Respectfully Submitted:

Shelly A. Hagen, P.Dt.
Public Health Nutritionist

SH/sk

NUTRITIONIST STATISTICS
(April 1, 1990 - March 31, 1991

I. Presentations

Groups	(1990-1991) Number of Presentations	(1990-1991) Attendance	(1989-1990) Number of Presentations	(1989-1990) Attendance
Prenatal Classes	11	195	11	206
School Presentations	18	354	12	281
Community Groups	40	695	34	672
Grocery Store Tours	7	61	--	--
Adult Education Programs*	7	15	11	128
Professional Groups**	8	204	13	145
Employee Wellness Programs	4	73	--	--

*Includes Adult Upgrading presentations; Life Skills classes, Job Re-entry Programs, etc.

** Includes local dietitians, teachers, home care personnel, etc.

II. Media and Resource Development

	1990-91	1989-90
Newspaper Releases	36	28
Radio Spots	20	20
Interviews - Television, Newspapers	3	8
Telecable Production - "Nutrition Forum"	9	--
Displays	5	10
Development Resource Material	2	2

Since December 1990 - program aired on Battlefords Community Cablevision channel in North Battleford three times per month.

III. Inservice and Orientation

	1990-91	1989-90
Public Health Nursing Conference Presentations	3	5
Orientation - New staff, students, dietetic intern*	5	14

Includes 1 week orientation for dietetic intern from Regina General Hospital

IV. Information/Consultations

Queries for information, material or nutrition education resources.

	1990-91	1989-90
Public	142	167
Staff	67	107
Health Professionals	58	35
Education Personnel	9	14
Community Agencies/Associations	21	23
Clients counselled directly	35	n/a
Individual client consultations	47	n/a
Prenatal Lifestyle Assessment*	215	--

*Program implemented June 1990

SPEECH LANGUAGE PATHOLOGIST'S REPORT

The primary goal of the speech language pathology program has been the early identification and treatment of communication disorders. After assessing a preschooler's communication skills, programs are developed to help them learn more effective ways of communicating. This treatment program may involve individuals or group therapy with the speech language pathologist. Most often it takes a form of third party programming where parents or other caregivers are responsible for working with the child.

Speech pathology services have also been offered to adult clients on a more limited basis. Adult clients programs that have been dealt with include: speech language problems caused by hearing impairment, developmental disability, stuttering, voice disorders, and stroke or head injury. The Speech Language Pathologists have found service delivery to the adult population particularly difficult due to lack of materials and resources.

In North Battleford, Cathy Richardson was working part-time from April through August. In September, Cheryl Turner joined the program full time. Having a full time Speech Language Pathologist in North Battleford and hiring Cathy Richardson part-time in October, has significantly decreased the numbers of individuals waiting for assessments and especially those overdue for review. Cheryl Turner will continue full time to the end of May and will begin seven months of maternity leave starting June 1.

The Speech Language Pathologists participated in the development of a self-study survey. The purpose of this study was to evaluate forms developed to gather information from clients, parents and clinicians regarding public health speech language services. The results of this study will be assessed at the April meeting of the Speech Language Pathologists in Saskatoon.

The Speech Language Pathologists would like to take this opportunity to thank all the staff of Health Region #13 for their support and patience, these have been invaluable assets in meeting the challenges of program delivery. The Speech Language Pathologists look forward to another year of cooperation and team work.

Submitted by Ronda Bakerink and Cheryl Turner

SPEECH AND LANGUAGE SERVICES STATISTICS

DISTRIBUTION OF WORKING TIME

(Average per month for April, 1990 through March 1991)

	North Battleford		Lloydminster	
	1989-90*	1990-91**	1989-90	1990-91
Casework	70.5%	63%	54.4%	66%
Travel	11.8%	7%	10.4%	9%
Public Education	2.8%	6%	2.0%	1%
Administration	11.2%	21%	22.0%	17%
Professional Development	3.7%	3%	7.2%	7%

*Based on 8 month full time and 3 month part-time
**Based on 5 month part time and 7 month full time

CASELOAD INFORMATION

	1989-90	1990-91
Number of new referrals	300	289
SOURCE OF REFERRALS	1989-90	1990-91
PHN 3 yr Communication Questionnaire	118	106
Other PHN	88	58
ECP	0	0
SHAP	0	2
Parent	14	28
MD	14	9
Other	62	86

STATUS OF CASES

	WAITING FOR ASSESSMENT	WAITING FOR TREATMENT	IN TREATMENT	TOTAL	OVERDUE FOR REVIEW
MARCH 1989	83	39	168	290	35
MARCH 1990	117	3	243	363	127
MARCH 1991	79	3	202	284	13

DENTAL HEALTH EDUCATION REPORT

The role of the Dental Health Educator is to promote Dental Health Education in the community. We act as consultants to individuals or groups who request information (eg. teachers, parents, seniors, children, health professionals, minor sports association). The major emphasis of the program remained on school children. The program included presentations to Kindergarten - Grade 6 students. These presentations consists of dental awareness, dental protection, dental diseases, brushing, flossing and proper home care and to promote fluoride mouthrinse programs in the schools. Fluoride mouth rinse programs are available to all schools that wish to participate and where the fluoride level in the drinking water is below optional levels for the reduction of tooth decay. The objective of the program is to reduce dental decay by weekly/biweekly swishing of the fluoride solution.

Dental Health Educators, provide schools with all the consultations, workshops and supplies necessary to operate a fluoride mouthrinse program. Five new schools implemented the program during the 1990-91 school year. They are: Marsden, Green Lake, Neville Goss Lloydminster, Meadow Lake Christian Academy and Senlac. Our preschool/daycare kit is very well received by the many play schools and daycares. The kit uses "Charlie Chew and Gary Gopher" as theme characters. The kit contains dental material for use by the preschool workers upon request. The kit includes an instruction manual, storybook, activities, songs, a mouth model with toothbrush, tooth stamps and dental mirror. Included are a tooth brush and colouring sheet for each child.

April was designated Dental Health Month and proved to be a busy time of the year as we became involved in projects to make the public more aware of their dental health. We held three mall displays; one in Lloydminster and two in North Battleford. A lot of interest was shown by the public. We also put on puppet shows at some of the libraries. The locations were Meadow Lake, Battleford, North Battleford and Lloydminster. Our biggest promotion was the Dental Health Month Baby. The first baby born in April in each hospital was presented with a basket containing various dental aids. The additional babies born received smaller packets.

North Battleford Health Program has two Dental Educators positions one in Meadow Lake and one in North Battleford. The Dental Health Educator in North Battleford has been on Education Leave since September 1990 and the position has remained vacant.

The past year has been very challenging and I wish to take this opportunity to thank all of the staff of North Battleford Health Region for their support in helping me meet this challenge. I look forward to another exciting year.

Respectfully Submitted

Bernadette LeBoeuf
Dental Health Educator

DENTAL HEALTH EDUCATION STATISTICS

School Presentations

Number of Schools	75
Number of Schools Visited	47
Number of Classes Visited	356
Number of Participating Students	7296

Preschools and Daycares

Number of preschools utilizing kit and/or presentation	18
Number of children participating	732

Fluoride Mouthrinse Programs

New Programs	Participating Students
Marsden Jubilee School	57
St. Pascal Green Lake	80
Neville Goss Lloydminster	163
Meadow Lake Christian Academy	9
Senlac	34
	343

Old Programs

Old School Based Fluoride Mouthrinse Programs	23
Number of Participating Students	3036

Dental Health Month

Number of baskets delivered	10
Number of packets distributed	118
Number of puppet shows	8
Number of participating children	173
Number of mall displays	3